

CLIENT SURVEY

Please circle yes or no or fill in the blank.

1. **YES** **NO** Is this new draft application easier to use than the current application?

2. **YES** **NO** Did you have trouble answering any questions on this draft application?

If yes, question number and explain: _____

3. **YES** **NO** Are the questions on this draft application clear?

4. What do you like best about this draft application? _____

5. If you could change any thing about this draft application what would it be? _____

6. Additional Comments: _____

THANK YOU!

Please return completed survey to your worker.